COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY PATENT APPLICATION

Attorney's Docket No.

032722-557

As a below-named inventor, I hereby declare that:							
My residence, post office address and citizenship are as stated below next to my name;							
	E INVENTOR (if only one name is listed below) OR AN an one name is listed below) OF THE SUBJECT MATTER SOUGHT ON THE INVENTION ENTITLED:						
INFRARED IMA	GING CATHETER						
the specification of which							
(check one)	is attached hereto;						
	was filed on as						
	Application No.						
	and was amended on; (if applicable)						
I HAVE REVIEWED AND UNDERSTAND THE CONTINCLUDING THE CLAIMS, AS AMENDED BY ANY A	ENTS OF THE ABOVE-IDENTIFIED SPECIFICATION, MENDMENT REFERRED TO ABOVE;						
	OFFICE ALL INFORMATION KNOWN TO ME TO BE LE 37, CODE OF FEDERAL REGULATIONS, Sec. 1.56						
I do not know and do not believe the said invention was ever my or our invention thereof, or patented or described in any invention thereof or more than one year prior to said applica- in the United States of America more than one year prior to or made the subject of an inventor's certificate issued before United States of America on any application filed by me or months prior to said application;	y printed publication in any country before my or our ation; that said invention was not in public use or on sale said application; that said invention has not been patented the the date of said application in any country foreign to the						
I hereby claim foreign priority benefits under Title 35, Unit application(s) for patent or inventor's certificate as indicated application for patent or inventor's certificate on this inventively which priority is claimed:	d below and have also identified below any foreign						

Page 1 of 2 (05/01)

COMBINED DECLARATION AND POWER OF ATTORNEY

Attorney's Docket No.

032/22-33/							
COUNTRY/INTERNATIONAL APPLICATION N		NUMBER DATE OF FILING (day, month, year)			PRIORITY CLAIMED		
					YES_ NO_		
					YES_ NO_		
I hereby appoint the following attorneys and agent(s) to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:							
William L. Mathis 17,337 Robert S. Swecker 19,885 Platon N. Mandros 22,124 Benton S. Duffett, Jr. 22,030 Norman H. Stepno 22,716 Ronald L. Grudziecki 24,970 Frederick G. Michaud, Jr. 26,003 Alan E. Kopecki 25,813 Regis E. Slutter 26,999 Samuel C. Miller, III 27,360 Robert G. Mukai 28,531 George A. Hovanec, Jr. 28,223 James A. LaBarre 28,632 E. Joseph Gess 28,510 R. Danny Huntington 27,903	Eric H. Weisblatt James W. Petersot Teresa Stanek Rea Robert E. Krebs William C. Rowla T. Gene Dillahunt Patrick C. Keane B. Jefferson Bogg: William H. Benz Peter K. Skiff Richard J. McGrat Matthew L. Schne Michael G. Savag Gerald F. Swiss Charles F. Wielan	n 26, 30, 25, and 30, y 25, 32, 32, 15, 32, 25, 31, th 29, ider 32, 30, 30,	505 057 427 885 888 423 858 344 952 917 195 814 596 113 096		36,086 hnessy 32,747 er 36,075 ty 32,236 ein 34,456		
and:							
Address all correspondence to: Platon N. Mandros, Esq. BURNS, DOANE, SWECKER & MATHIS, L.L.P. P.O. Box 1404 Alexandria, Virginia 22313-1404							
Address all telephone calls to: Alan E. Kopecki at (703) 836-6620.							
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
FULL NAME OF SOLE OR FIRST INVENT	TOR	SIGNATURE	, A	10	DATE		
Fred GRUHL	<u> </u>	Jus	1	CITIZENSHIP	7/0/		
RESIDENCE		(1			
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FULL NAME OF SECOND JOINT INVENT	for, if any	SIGNATURE			DATE		
RESIDENCE				CITIZENSHIP			
POST OFFICE ADDRESS							